



# CERTIFICATE OF LIMITED PARTNERSHIP

State Form 51586 (1-04)

Approved by State Board of Accounts, 2004

**TODD ROKITA**  
**SECRETARY OF STATE**  
**CORPORATE DIVISION**  
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**INSTRUCTIONS:** Use 8 ½" x 11" white paper for attachments.  
Present original and one copy to the address in upper right corner of this form.  
Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

Indiana Code 23-1-18-3  
**FILING FEE: \$90.00**

## ARTICLE I: NAME AND PRINCIPAL OFFICE OF THE LIMITED PARTNERSHIP

a. The name of the Limited Partnership to be created is the following:

- Please note pursuant to *Indiana Code 23-16-2-1*, this name must include the words "Limited Partnership," "L.P.," or "LP."

b. The address of the Limited Partnership's principal office is the following:

Street Address	City	State	Zip Code
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## ARTICLE II: REGISTERED OFFICE AND AGENT OF THE LIMITED PARTNERSHIP

Registered Agent: The name and street address of the Limited Partnership's Registered Agent and Registered Office for service of process are the following:

Name of Registered Agent			
Address of Registered Office ( <i>street or building</i> )	City	State	Zip Code
		Indiana	

## ARTICLE III: GENERAL PARTNERS OF THE LIMITED PARTNERSHIP

Please state the names and business addresses of each general partner of the Limited Partnership.

Name			
Business Address	City	State	Zip Code
Name			
Business Address	City	State	Zip Code
Name			
Business Address	City	State	Zip Code
Name			
Business Address	City	State	Zip Code
Name			
Business Address	City	State	Zip Code
Name			

Business Address	City	State	Zip Code
Name			
Business Address	City	State	Zip Code
Name			
Business Address	City	State	Zip Code
Name			
Business Address	City	State	Zip Code

**ARTICLE IV: PARTNERSHIP AGREEMENT OF THE LIMITED PARTNERSHIP (OPTIONAL)**

Please attach herewith and designate as "Exhibit B" any matters or terms concerning the Limited Partnership that the general partners of the Limited Partnership wish to include.

**ARTICLE V: DISSOLUTION THE LIMITED PARTNERSHIP**

Please state the latest date upon which the Limited Partnership is to dissolve:  
  
\_\_\_\_\_

In Witness Whereof, the undersigned being an officer or other duly authorized representative of the Limited Partnership named in Article I above executes this Certificate of Limited Partnership and verifies, subject to penalties of perjury, that the statements contained herein are true,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature	Printed Name
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